DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 17, 1985

ALL COUNTY INFORMATION NOTICE NO. I-80-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TURNER v. McMAHON CONSENT DECREE

REFERENCE:

In a mutual agreement with the attorneys for the plaintiffs in $\underline{\text{Turner}}$ v. $\underline{\text{McMahon}}$ the Department has delayed the implementation of the Notice of Action (NOA) messages and forms required in the $\underline{\text{Turner}}$ Consent Decree. The new implementation date is expected to $\underline{\text{be}}$ July 1, 1986.

As part of the agreement, the Department has developed a new two column format for NOAs. Also, we agreed to survey all the counties on their ability to use the required form. This letter begins the survey process to which we agreed.

Attached is a copy of the survey, two versions of the proposed NOA form (the NA296-A and NA296-B) and a copy of the NA296-B with a sample message and computation. Only one form will be selected for the final use. It will be amended based on survey responses as well as the advice of DSS legal and program staff and the <u>Turner</u> plaintiff attorneys. The forms were designed in consideration of both the "manual" and the "automated" county systems. The goal is to use one blank NOA form in all counties. The state will maintain a supply, in three part sets, in the warehouse. Counties may print their own supplies on regular or pin fed stock. Continuation pages (see attached NA270, NA271, NA273 and NA274) will also be preprinted and warehoused. Counties with automated systems can convert the continuation pages to messages to be printed on copies of the new NA296.

Please thoroughly review the two proposed NOA forms and answer the questionnaire as completely as possible. The Department will summarize the county responses and prepare a report for the <u>Turner</u> plaintiff attorneys prior to meeting with them during the first week in December. All comments are valuable and will be included in the report. We plan no other vehicle for county comment on this proposed format.

Send your written responses to:

State of California
Department of Social Services
AFDC-PIB, Forms Unit
MS 16-31
744 P Street, Room 1650
Sacramento, CA 95814

Attention: Doris Keller

Responses are due November 4, 1985.

If you have any questions, please call Doris Keller at (916) 324-2017.

Deputy Director

Attachment

cc: CWDA

COUNTY NOTICE OF ACTION

QUESTIONNAIRE

PLEASE ANSWER THE QUESTIONS AS COMPLETELY AS POSSIBLE. ATTACH ADDITIONAL SHEETS AS NECESSARY.

		County Name	Date	
ARREST PARTY AND PROPERTY OF THE PARTY OF TH	Contact	Person for Further Information	Telephone Number	
1.	a .	On the average, how many AFDC monthly?	Notices of Action (NOA) does your county prepa	re
	b .	On the average, how many NOAs programs listed below?	does your county prepare monthly in each of t	he
		Medi-Cal	Food Stamps	
		GA/GR	RCA/ECA/RDP	
		IHSS	Others (specify program)	

FOR PURPOSES OF THIS QUESTIONNAIRE, <u>manual</u> NOAs are defined as those that have the specific information completed by hand or typewriter. The specific information means either 1) the case name, etc., and completion of the checked boxes; and/or 2) the case name and the entire message. <u>Automated</u> NOAs are those which are prepared by selecting stored messages to be printed on blank NOA forms. The selection may be made manually or automatically but the printing is done automatically by programmed equipment.

A. GENERAL QUESTIONS: MANUAL SYSTEMS

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Discontinue			**************************************
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Under/Overpayments			
Others	***************************************	- -	
			term regis, plan men sylvadin pergudin. Alle, plan
Show below the monthly p	percentage of other	program NOAs prep	pared by both methods.
	Total # of	% of	% of
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	_Notices	*	Prepared
		<u>"Manually"</u>	<u>"Automatically"</u>
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Food Stamps			make states other ways taken days with their ways codes
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RCA/ECA/RDP			allies drawn pages being steps with the group make dates
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(specify programs)	مين يون يون مين الله الله الله الله الله الله الله الل	The Children was the state that the same that the same	Makes States Andrea Congress States Andrea A
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		. This date was start take way says this time your start the years start to be your says that they was the year	
Continue on to Question equipment or you expect t	5 and beyond if y	our County prepar	es env NOAs with sutometa

B. GENERAL QUESTIONS, AUTOMATED SYSTEMS

What percentage of the total monthly NOAs are prepared by automated equipment?

More than 0% but less than 100%. Show the percentage:_____

____0%. You must answer Question 4.

5.

	Go to Question 6.						
	100%. Go to Ques	tion 6.					
	0% now but expe Question 4 and con	ct at least s tinue to #6 and	ome withi beyond.	n the n	ext year.	You mus	st answer both
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	Mini-Computer(s)						11 - W day Marks
	Main Frame Computer(s)				· · ·		
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C. FORMAT QUESTIONS, AUTOMATED SYSTEMS

(Please refer to the attached NA 296A and 296B.) Only one of the proposed 296 forms will be finalized. For two-page NOAs, the printed information would continue on an identical form when using an automated system and a continuation page when the NOA is completed manually.

11.	a.	Can your automated equipment be reprogrammed to print in the format of the sample (the written message in a single column on the left and the numbers on the right)
		Yes. Specify the amount of time it would take you to reprogram:
		Specify the cost to reprogram: \$
		No. Specify the earliest date your system could be modified to print NOAs in this format:
		Specify the estimated cost of the modifications and/or purchases necessary to print in this format: \$
	b.	Can your system be reprogrammed for a new AFDC format and still print notices o letters in other programs in the old format?
		Yes.
		No .
	С.	If the AFDC format changes, will you change the format for all of the othe programs?
		Yes. Please list the programs and explain why you will change:
		No. Please explain why:

	and 15 of the proposed NA 296A or NA 296B?
*	_Yes.
	_No. Specify why the equipment cannot be programmed for this function:
Can NA	your county's automated system complete the check boxes on the attached NA 296-A a 296-B forms?
	_Yes.
····	_No. Please explain why:
a .	Is the county appeals address block on the NA 296-A and NA 296-B in a location that is compatible to the location of the county address on the other forms years.
	Yes. Go to Question 15.
	No. Go to Question 14h
b.	No. Go to Question 14b.
b.	Can your system be modified to change the location on the other correspondence?
b.	Can your system be modified to change the location on the other correspondence?
b.	Can your system be modified to change the location on the other correspondence? Yes. No. Please explain why:
Atta mess	Can your system be modified to change the location on the other correspondence?
Atta mess	Can your system be modified to change the location on the other correspondence? Yes. No. Please explain why:
Atta mess that	Can your system be modified to change the location on the other correspondence? Yes. No. Please explain why: sched in the review package is a NA 296-B that has been completed with a sample age. The items underlined in the sample represent blanks in the original message have been filled in for a specific case. Is your automated system capable of filling in the person's name and the date of the capable of t

	b.	Can your system be reprogrammed to fill in the case specific information?
		Yes. Go to Question 16.
		No. Please explain the procedure your county will probably use to fill in the case specific information:
		D. FORMAT QUESTIONS, MANUAL AND AUTOMATED QUESTIONS
		<u> All Counties Must Answer These Questions</u>
		er to the attached sample forms.) Only one of the proposed 296 forms will For two-page NOAs, the printed information would continue on an identical fo In automated system and a continuation page when the NOA is completed manually.
16.		mputation section is drafted at 6 lines to the inch on the proposed NA 296A a If it is printed in this same spacing will your county be able to complete th n with your automated equipment?
	Y	5
	N	Explain the reason:
17.	a.	he NA 296-B has a space for the worker's branch office address and the Appeal hearings) Office address. Will your county need additional space for anothe ounty address?
		No .
		Yes. Please explain:

	•	branch office location. If this form is adopted the back will still show the Appeals Office address. Will this be easier for your county to use than the 296-B?
		Yes. Please explain:
		No. Please explain:
18.	Does comp	your county have the capacity for retaining specific information not shown in the utation, i.e, the amounts for the 30 and 1/3 at Line #10?
		Yes.
		No. Please explain:
19.	a.	The "Date/Case Name" block is in different locations on the 296-A and the 296-B forms. Which location is best for your county?
		296-A. Answer 19b below.
		296-B. Answer 19b below.
		Neither one. Answer 19c below.
	b.	Please explain the <u>specific</u> reasons for not choosing the other format:
	C .	Please explain why neither format can be used in your county. Be specific:

20.	How will your county use the proposed continuation pages? Please fully explain an "other comments" you offer.
	<u>NA_270</u>
	Will use as a preprinted page.
	Will use a second 296 instead.
	NA_271
	Will use as a preprinted page.
	Will convert it to messages. Please specify the messages your county will
	create from this page:
	Other comments:
	VA 273
	Will use as a preprinted page.
	Will convert it to a message.
	Will have trouble using automated equipment to reproduce and/or complete the chart. Explain the problems in automating this form:
	Other comments:

NA	2	7	4
	 -	-	÷

Cannot reproduce ten vertical columns of numbers. The county can do only columns of this formOther comments:	Cannot reproduce ten vertical columns of numbers. The county can do complete comments:Other comments:Other comments:other average how many CA 7s are returned completed each month before the enunth but too late for timely notice? deproposed NA 296-A and 296-B forms have a space for a specific date in the arings'' section. Please explain the reasons your county would have difficulty, in completing this blank.	vn I v
Columns of this form. Other comments:	columns of this formOther comments: the average how many CA 7s are returned completed each month before the enanth but too late for timely notice? e proposed NA 296-A and 296-B forms have a space for a specific date in the arings' section. Please explain the reasons your county would have difficulty, in completing this blank.	mlv
On the average how many CA 7s are returned completed each month before the end of the month but too late for timely notice? The proposed NA 296-A and 296-B forms have a space for a specific date in the "stathearings" section. Please explain the reasons your county would have difficulties, is any, in completing this blank. Please show below any other problems your county would encounter when implementing either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific	Other comments:Other comments:Oth	with.
On the average how many CA 7s are returned completed each month before the end of the month but too late for timely notice? The proposed NA 296-A and 296-B forms have a space for a specific date in the "standarings" section. Please explain the reasons your county would have difficulties, any, in completing this blank. Please show below any other problems your county would encounter when implementing either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific	the average how many CA 7s are returned completed each month before the enanth but too late for timely notice? e proposed NA 296-A and 296-B forms have a space for a specific date in the arings" section. Please explain the reasons your county would have difficulty, in completing this blank.	
On the average how many CA 7s are returned completed each month before the end of the month but too late for timely notice? The proposed NA 296-A and 296-B forms have a space for a specific date in the "star hearings" section. Please explain the reasons your county would have difficulties, in any, in completing this blank. Please show below any other problems your county would encounter when implementing either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific	the average how many CA 7s are returned completed each month before the ententh but too late for timely notice? e proposed NA 296-A and 296-B forms have a space for a specific date in the arings" section. Please explain the reasons your county would have difficulty, in completing this blank.	
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The proposed NA 296-A and 296-B forms have a space for a specific date in the "standarings" section. Please explain the reasons your county would have difficulties, if any, in completing this blank. Please show below any other problems your county would encounter when implementing either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific	e proposed NA 296-A and 296-B forms have a space for a specific date in the arings" section. Please explain the reasons your county would have difficulty, in completing this blank.	d of t
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Please show below any other problems your county would encounter when implementine either of these NOA forms (NA 296-A and NA 296-B). Please also list the specific		
	ease show below any other problems your county would encounter when impl ther of these NOA forms (NA 296-A and NA 296-B). Please also list the	ementi

Matica	se Action	DATE :
MOUCE	of Action	CASE NAME :
COUNTY ADDRESS		CASE NUMBER :
appress		WORKER :
. IL.		WORKER'S ADDRESS
	, · · * \	PHONE :
	1 to first on any	QUESTIONS? ASK YOUR WORKER
	and the second s	GROSS INCOME
	The state of the s	IN THE MONTH OF:
		1. County Collected Child Support \$
		2.
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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	Part of the state	5. TO GROSS COME =
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		IN THE MON
		6. Total Esmed Income : \$
		7. Earned Lump Sum Income +
		8. Work Expense Disregard —
•		9. Dependent Care Disregard —
		10. \$30 and 1 / 3 Disregard
		11. \$30 Disregard —
		12. Unearned Lump Sum Income +
		13. Other Countable Income +
		14. +
		15. +
		16. Court Ordered Support Paid —
		17. NET INCOME A =
		Court Calland Child C
		County Collected Child Support 18. (financial eligibility only) +
		19. NET INCOME B =
		FAMILY NEEDS
		IN THE MONTH OF:
		20. Basic Needs For: \$
		21. Special Needs +
		22. Total Needs =
		23. x 1.85
		24. 185% of Needs =
		MONTHLY CASH AID AMOUNT
		LI MONTHLY CASH AID AMOUNT
Ÿ		25. Basic Aid For. \$
		26. Special Needs +
		27. SUBTOTAL =
		28. NET INCOME A (Line 17)
		29. SUBTOTAL =
		Overpayment Adjustment 30. (See Page 2)
		31. Monthly Cash Aid Amount \$

Rules: These rules apply. You may review them at your welfare office:

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of this page tells how. Your cash aid amount may not be changed if you ask for a hearing by

Medi-Cal. If your cash aid has been stopped or denied you will get another notice about Medi-Cal.

Child Support. The District Attorney's Office can help you get support from your child's absent parent. You must ask the DA's Office for

Family Planning Services. Your Welfare Office will give you information when you ask

WA 296-A

Notice of Action

STATE HEARING. If you think this action is wrong you may ask for a hearing. The back of this page tells how. Your cash aid amount may not be changed if you ask uppeula for a hearing by DATE CASE NAME CASE NUMBER WORKER WORKER'S ADDRESS PHONE QUESTIONS? ASK YOUR WORKER **GROSS INCOME** IN THE MONTH OF 1. County Collected Child Support \$ + 5. TOTAL GROSS INCOME **NET INCOME** IN THE MONTH OF: Total Earned Income \$ Earned Lump Sum Income Work Expense Disregard Dependent Care Disregard 10. \$30 and 1/3 Disregard 11, \$30 Disregard 12. Unearned Lump Sum Income 13. Other Countable Income 14. 15. 16. Court Ordered Support Paid 17. NET INCOME A County Collected Child Support 18. (financial eligibility only) 19. NET INCOME B FAMILY NEEDS IN THE MONTH OF: 20. Basic Needs For: \$ Special Needs 22. Total Needs 1.85 24. 185% of Needs MONTHLY CASH AID AMOUNT 25. Basic Aid Needs: S 26. Special Needs 27. SUBTOTAL 28. NET INCOME A (Line 17) -29. SUBTOTAL

RULES: These rules apply. You may review them at your welfare office.

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Overpayment Adjustment

31. Monthly Cash Aid Amount

30. (See Page 2)

Family Planning Services. Your Welfare Office will give you information when you ask

Notice of Action

Appeals Address

County Appeals 123 Main Street County Seat, Calif. 98765

Jane Doe 789 - 10th Street Anytown, Calif. 98763

Effective November 30, we're stopping your aid.

For twelve months we give a credit to wage earners on aid: \$30 a month. And for four months only, still another credit: one third of all the net income after all the other credits are allowed.

Jane Doe's four months for the 1/3 credit ends on November 30. When you lose that credit, your countable family income goes up. Your aid stops when your income is more than the need standard set by the state.

Your income and family needs are figured on the right.



RULES: These rules apply. You may review them at your welfare office

STATE HEARING MPP 44-111.24

If you think this action in wrong you mile ask for
la hearing. The back of this gage tests onco. Your
cash aid amount may not be changed if you ask
for a hearing by December 2 1085

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Overn	avment Advis	mont			

Medi-Cal. If your cash aid has been stopped or demed you will get another notice about Medi-Cal.

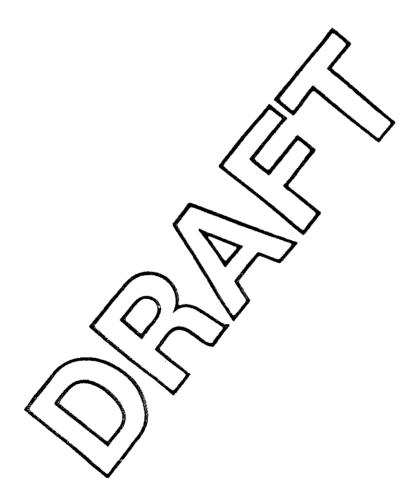
Child Support. The District Attorney's Office can help you get support from your child's absent parent. You must ask the DA's Office for

Family Planning Services. Your Welfare Office will give you information when you ask.

SHENA EMPLIES AS

Notice of Action— Continued

Case Name : Case Number : Date of Notice :



Rules: These rules apply. You may review them at your welfare office.

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of page 1 tells how.

Notice of Action — Case Name Continued Case Number : Date of Notice : Income from an Unaided: Parent Spouse of an Aided Child NAME: Earned Income \$ Work Expense Disregard Dependent Care Disregard Subtotal A Other Countable Income: Court Ordered Support Paid Subtotal B = Excluded Persons': Basic Living Allowance Special Needs Total Living Allowance Income to the Aided Family Members = Subtotal B Less Total Living Allowance Income from an Unaided: Step Parent Senior Parent NAME: Legal Guardian Earned Income \$ Work Expense Disregard Subtotal A Other Countable Income: Actual Support Paid Actual Payments to Other Dependents Not in the Home Subtotal B Unaided Person's: Support Unit Needs \$ Special Needs **Total Needs** Income Available to the Aided Family Members = Subtotal B Less Total Needs

Rules: These rules apply. You may review them at your welfare office:

State Hearing: If you think this action is wrong, you may ask for a hearing. The back of Page 1 tells how

Notice of Action - Continued

Case Name : Case Number : Date of Notice :

Reasons for Denial of Federal AFDC

When both parents Federal AFDC.	s ar e i	n the	home	at le	ast o	ne of	them	must	be ei	ther o	disabl	ed or	an eli	gible	princi	pal ea	arner	to be	eligib	le for
A disabled parent is	s one v	vho ca	annot	work	or car	e for	his/h	er chi	id(ren	for a	t leas	t 30 d	ays be	ecause	e of a j	ob Vsic	alr	menta	il conc	lition.
A principal earner m																				
the past 24 months																1	110111	ostni	леуц	uritig
CONDITION A -	State (Jnemi	ploym	ent Ir	nsurai	nce B	enefit	ts (UIE	3)			1			1	N. Carrier		\		
The principal months.	earner	now r	eceiv	es UIE	B, is n	ow el	igible	to rec	eive L	JIB 🖊	Ws	eligibl	e to re	e eive	UIB s	somet	ime d	uring	the la	st 12
CONDITION B - E	arning	s or T	rainir	ng						1	1		//		•					
The principal e The quarter in which	arner n 1 you a	nust h ipply f	ave ea	rned DC do	at lea: es no	st \$50 t cou	in 81	X (6) c	lende	r qua	tters o	ou of a	3	quart	ers in i	a row	during	g the la	ıst 4 yı	ears.
Anything recei principal earne	ved in r work	trade ed for	for we	ork do alue	ne io r a ro	om, f	eallow bod.c	vald the	g or s	eal g	in se	each q	uarter	. For e	examp	le, th	e quar	ter co	unts i	f the
Any work inclu													JI EII (41	. icasi	, 450 ,					
Any work don	e by a	refuș	gee b	efole	colgi	ng to	the	United	State	es or	in a	refua:	e ca	mn w	ill he	looka	d at :	and m		
				•	/ /		'		OR					p		TOOKE	u at i	alia (i	юу со	unt.
The principal Program (CWEP) or the during the last 4 years.	earner ne Wor	must k Ince	have ntive	beei Demo	n thei nstra	nipg; Ion Pi	with rogran	the V n (Wil	Vork I	incent IO) in	tive P SIX (6	rograr 6) cale	n (Wi ndar c	N), th	e Cor rs out	nmur of an	nity W y 13 g	/ork E juarte:	xperiers in a	nce fow
	-								OR .											
Any combination	on of e	arning	js and	i trair	ning q	uarte	rs tha			(6) oi	ut of a	any 15	S avai	tore i			-:	.		
Based on your inform 6 quarters needed.		ne pri	нстра	earn	erin	your t	amiiy	meets	s the r	ule in	only	****		qı	arters	. Th	at is	less	than	the
					٠															
YEAR	19			19				19			19					····				
QUARTER	JAN MAR	APR JUN	JUL SĒP					OCT			1 -	!	} _	APR	JUL	ОСТ	JAN	APR	JUL	ОСТ
DATE OF APPLICATION	ivi.c.i.	3014	SCF	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR	NUL	SEP	DEC	MAR	JUN	SEP	DEC
EARNINGS																		-	 	
TRAINING																		<u> </u>		

State Hearing. If you think this action is wrong, you may ask for a hearing. The back of page 1 tells how.

NA 273 (1 86) Continuation Page Deny Federal AFDC

Rules: These regulations apply. You may review them at your welfare office: MPP 41-440.4.

Page ____ of ____

Notice of Action— Continued

Case Name : Case Number : Date of Notice :

MONTH OF OVERPAYMENT:		· · · · · · · · · · · · · · · · · · ·							
Earned Income	ŝ					 			
Work Expense Disregard								ļ	
Dependent Care Disregard	-				 				_
\$30 and 1/3 Disregard	-				-			<u> </u>	
\$30 Disregard	•				-	ļ		ļ	
Other Countable Income:	-							ļ	\perp
	+								ļ
	+				ļ	 		ļ	_
	+				<u> </u>	-			_
Court Ordered Support Paid					ļ	-		ļ	1_
Total Net income	=		- -		 			ļ	1
Total Not income	-		<u> </u>			<u> </u>		<u> </u>	<u> </u>
Basic Aid Amount for Persons	\$				1		-/	1	1
Special Needs	+				1	-	·····	-	+
Subtotal A	=				 	 			+
Total Net Income	_				1	 			
Correct Cash Aid Amount	=								┼
TOTAL OVERPAYMENT OWED		<u> </u>			<u> </u>	<u> </u>			<u> </u>
Cash Aid Actually Received	\$				1	1			_
Support Payments Collected for You						<u> </u>	····	······································	-
Subtotal B	=								
		<u> </u>			<u> </u>	<u></u>			
Correct Cash Aid	\$					-			<u> </u>
Support Payments Collected for You	_							***	
Subtotal C	=								-
Amount of Overpayment (Subtotal B Less Subtotal C)	=								
Total Overpayment (all months)	\$	L			<u></u>				
								,	<u></u>
RPAYMENT ADJUSTMENT FOR								,	
		PAYMENT MONTHS							
RPAYMENT BALANCE AT END OF MONTH									
				Basic Aid	Amount		\$		
	\$			Special N			+		
Cash Grant Amount									
Cash Grant Amount Gross Earned Income	+				Subtotal E	3	= .		
							[
Gross Earned Income	+			Overpaym		r (.90 or .95	[
Gross Earned Income Net Unearned Income	+		N	Overpaym	ent Facto Subtotal C	r (.90 or .95 C	i) × =		
Gross Earned Income Net Unearned Income	+			Overpaym	ent Facto Subtotal C erpaymen	r (.90 or .95 C t adjustmer	i) × =		
Gross Earned Income Net Unearned Income	++		(S A	Overpaym Taximum ov	ent Factor Subtotal (erpaymen ess Subto	r (.90 or .95 C t adjustmer tal C)	i) × =		

Rules: These rules apply. You may review them at your welfare office: Policy Mariual Sections 44-352.12 and 44-352.41.

State Hearing: If you think this action is wrong, you may ask for a hearing. The back of page 1 tells how.